

NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES

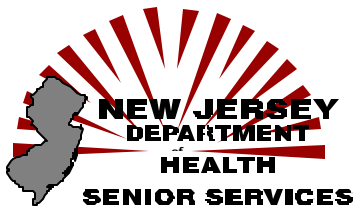
OFFICE OF MINORITY HEALTH

The Health of Minorities in New Jersey Part II: "The Latino Experience"

SUMMIT RECOMMENDATIONS REPORT

Prepared by: The Latino Health Advisory Committee
and
The Office of Minority Health

October, 2000



Christine Todd Whitman
Governor

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Commissioner



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To: Governor Christine Todd Whitman via Commissioner Christine Grant

On June 2 and 3, 2000, a historic summit took place entitled "A Call to Action for Eliminating Health Disparities for Latinos in New Jersey, The Health of Minorities in New Jersey: Part II, The Latino Experience." The summit called for government, the healthcare industry, and community based organizations to work in complement toward the elimination of health disparities and improved healthcare access for New Jersey's Latino residents. The result is the attached document which outlines specific recommendations and action steps that should be implemented to realize the goal of eliminating disparities and improving access. Over 300 conference participants' collective ideas are contained in these formal recommendations.

Individuals from the healthcare industry, community based organizations, government, and other interested sectors came together during the conference to strategize around the elimination of health disparities for Latinos. During the two days, they focused on three areas that are widely accepted as key in impacting the health of Latinos: access to healthcare; data collection; and Latino representation in the health professions. Efforts of conference participants were placed on learning "best practices" from around the country and developing relevant and feasible applications to combat the challenges that our New Jersey community confronts.

These summit recommendations are officially submitted to the Governor of New Jersey through the New Jersey Commissioner of Health and Senior Services. They will be widely circulated to other interested stakeholders. They are designed to serve as a strong and knowledgeable advisor for healthcare improvement. The document suggests the commitment of government, the healthcare industry, community-based agencies, and other stakeholders in working collectively by following the attached recipe that promises to eliminate health disparities and improve healthcare access for Latinos.

On behalf of the Latino Health Advisory Committee, I would like to thank the summit planning committee, the New Jersey Department of Health's Office of Minority Health, the Robert Wood Johnson Foundation, UMDNJ, the community based agencies that were instrumental for the focus group sessions, and the summit participants for the labors that made the summit a reality, and this critical document the result.

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NEW JERSEY
Many Faces. One Family.

INTRODUCTION

In 1993, Dr. Antonia Novello, then the United States Surgeon General, put forth a landmark Hispanic* Health Initiative that is known as the “Todos” (Together Organized Diligently Offering Solidarity) Report. This report described the status of Hispanic health in five regions of the United States, defined the challenges and priority issues encompassing our greatest disparities and barriers, and listed recommendations related to Hispanic health priorities. With this in mind, the New Jersey Department of Health and Senior Services (NJDHSS), Office of Minority Health, in collaboration with the NJDHSS Latino Health Advisory Committee, consisting of leaders from the community, convened its second Minority Health Summit, “The Health of Minorities in New Jersey, Part II: The Latino Experience,” on June 2 and 3, 2000.

In addition to major funding from the New Jersey Department of Health and Senior Services, the University of Medicine and Dentistry of New Jersey also contributed to the funding and staff support that made the summit possible.

In September, 1999, the NJDHSS convened “The Health of Minorities in New Jersey: Part One, The Black Experience.” This summit resulted in the publication of a major Summit Recommendations Report intended to serve as a catalyst and blueprint for action for the elimination of health disparities in the African American community. A video of the Summit proceedings was created to provide a snapshot of the Summit highlights for use by community-based organizations, faith based organizations, and others to stimulate discussion and elicit actions that address health disparities.

The second historic Summit – A Call to Action for Eliminating Disparities for Latinos developed as part of the commitment by the state to address the health of minorities in New Jersey focused on three key issues related to Latino health: improving access to health care, improving data collection strategies, and increasing representation in the health professions.

Prior to the statewide Latino Summit, the OMH and the Latino Advisory Committee in collaboration with the UMDNJ-New Jersey Medical School conducted focus groups and administered a sociodemographic survey to ensure Latino community input for the Summit. Focus group discussions were audio taped, summarized, and issued as a report several weeks before the Summit. This report provided the community perspective necessary for the framework that would later shape the formulation of the recommendations.

*The terms “Hispanic” and “Latino” are used interchangeably throughout this report. Over the last 15 years, the Federal government has established the use of the term “Hispanic” to classify all persons of Mexican-American, Puerto Rican, Cuban, Central and South American, and Spanish descent. However, not all Hispanic communities identify with, nor want to be categorized as, Hispanic. The term “Latino” may be preferred by some. This preference is contingent on their geographic location or on deeply rooted emotions influenced by their history.

Overall, the Summit provided a forum for the Latino Health Advisory Committee to share their experience and expertise. Over three hundred Summit participants met and listened to panels of experts from the health professions, government, and minority community-based organizations. Along with the Latino Advisory Committee and under the guidance of facilitators, attendees formulated State and local policy and action recommendations focusing on the agenda topics.

Following the Summit, the Latino Health Advisory Committee organized and finalized all summit recommendations, devised actions steps and identified responsible parties for developing a meaningful and successful work plan. Working together and speaking with one voice, the Summit demonstrated the desire among the Latino community to make a real difference in addressing complex health issues.

A Summit video with a special introduction by Governor Christine Todd Whitman captures the highlights of the summit proceedings. Produced by NJDHSS, the video was mailed to all Summit attendees and limited copies remain available upon request to the Office of Minority Health.

The following recommendations developed by the Summit participants, serve as the springboard for a statewide agenda to improve the health of Latinos in New Jersey. They call for the commitment and involvement of all segments of the health care industry and the community to work in partnership with the New Jersey Department of Health and Senior Services in the implementation of the formulated plan.

Specifically, this report is “a Call To Action!” that seeks the support and participation of government, community-based organizations, faith-based organizations, health care professionals and civil rights groups. This diverse and wide ranging partnership is crucial to improving the health of every Latino in New Jersey. Through this call to action, lasting policies and partnerships can be developed that will eliminate all health disparities.

WHAT WE KNOW: NEW JERSEY'S LATINO POPULATION

... is relatively young.

- The calculated median age of Latinos in New Jersey was 30.3 in 1999. For the total population, the calculated median age was 37.
- A larger share of the Latino population was under age five in 1998 – 9.3 percent of Latinos compared with 6.7 percent of the total population
- A smaller share of the Latino population was over age 65 in 1998 – 6.4 percent of Latinos compared with 13.6 percent of the total population.

... is growing rapidly.

- New Jersey's Latino population has increased dramatically, from fewer than 750,000 in 1990 to more an estimated 1,027,277 in 1999.
- Between 1990 and 1998, Latino population growth accounted for 70 percent of all population growth in New Jersey. By 1998, Latinos accounted for just over 12 percent of the state's population.
- By 2015, the state's Latino population will exceed 1.5 million or 17 percent of the state's projected total population, according to the U.S. Census Bureau.
- New Jersey is estimated to have the 7th largest Hispanic population in the U.S. We are 9th in percentage of Hispanics in the nation.

... is ethnically diverse.

- About 40 percent of New Jersey's Latinos were born in the United States, and nearly 15 percent were born in Puerto Rico, with the rest being born in other countries, according to a 1999 estimate from the U.S. Bureau of the Census.
- About 44 percent of the state's foreign- and native-born Latinos claim Central or South American ancestry, about 31 percent report themselves as being Puerto Rican, about nine percent are Cuban and about five percent are Mexican, according to federal estimates.

... has a lower income than the state as a whole.

- In 1999, 35 percent of New Jersey's Latinos lived in households that had an annual income below \$25,000, compared with 27 percent of the total population, according to federal estimates.

NEW JERSEY'S LATINO POPULATION: SELECTED HEALTH ISSUES

Access to Care

- More than 31 percent of New Jersey's Latinos lacked health insurance coverage in 1998, compared with just fewer than 15 percent of non-Latino whites and nearly 22 percent of non-Latino blacks.
- Latinos are less likely to report having a source of primary health care than are the state's residents as a whole. In 1996, about 74 percent of adult Latinos said they had a source of care, compared with 83 percent of the total population.

Cancer

- The cervical cancer incidence rate for Latino women was 86 percent higher than the rate for non-Latino white women, and the cervical cancer mortality rate was 78 percent higher.

Diabetes

- As of 1998, 1.2 million of the nation's approximately 30 million Latinos had been diagnosed with diabetes. Another 675,000 Latinos were diabetic but undiagnosed, according to estimates.
- In 1998, New Jersey Latinos with diabetes had a higher incidence of end-stage renal disease—a major complication that can result from uncontrolled diabetes—than did non-Latino whites and non-Latino blacks with diabetes.

HIV/AIDS

- Nationally, Latinos made up 11 percent of the population, but accounted for 20 percent of reported AIDS cases in 1998. In New Jersey, Latinos accounted for 12 percent of the population and about 16 percent of AIDS cases reported in 1998.

Asthma

- The 1996 hospital admission rate for asthma among Latinos in New Jersey was 292.5 per 100,000 population compared with 132.6 for non-Latino whites, and 472.6 for non-Latino blacks. Many asthma hospitalizations are preventable, since patients and their physicians on an outpatient basis can effectively manage asthma.

WHAT WE NEED TO DO: IMPROVE DATA COLLECTION

Although progress has been made in the collection of Hispanic mortality data, significant gaps remain in the collection and reporting of Hispanic morbidity data. Of the 21 major health data systems within the federal Department of Health and Human Services which form the basis of our quantitative knowledge of the status of public health in the United States, three provide the majority of population morbidity data: the National Health and Nutrition Examination Survey (NHANES), the National Health Interview Survey (NHIS), and the National Medical Expenditures Survey (NMES). Each of the systems selects a representative population sample to arrive at nationally representative morbidity and health utilization figures. Many major data systems are not designed to over sample from the various Latino population subgroups. Over sampling for Latino sub-populations has become an urgent issue since new data shows that there are significant morbidity differences among them, such as the prevalence of hypertension. At one time, geographic areas were used as proxies for subpopulation groups: New York represented Puerto Ricans, Florida represented Cubans, and Texas represented Mexicans. However, demographic shifts and the recent influx of immigrants from other Latin American countries have invalidated that statistical method. Providing Latino over samples and sufficient subpopulation detail for health planning and delivery is a critical data collection issue.

For many of the objectives of Healthy New Jersey 2010, particularly those involving mortality data, there is a lack of baseline information for Hispanics. Only with a new, accurate and more comprehensive profile of our state's Latino community can we develop effective policies and partnerships to eliminate health disparities.

RECOMMENDATION

Data collection should be standardized among state agencies and with the federal government. Statistics should be specific to race, ethnicity, country of origin, length of time in the United States, and language spoken at home.

Action Steps:

- Adopt state regulations which establish minimum uniform standards for identifying Latinos for hospitals, managed care organizations, community health organizations, and other agencies which collect or report health, morbidity or mortality data.
- Require that public health and other affected organizations, including hospitals, train data collecting staff, such as hospital registrars, on the appropriate way to record this data.

Responsible Parties:

- New Jersey Department of Health and Senior Services
- New Jersey Department of Insurance
- New Jersey Department of Law and Public Safety
- US Department of Health and Human Services
- Hospitals and HMOs

RECOMMENDATION

Encourage Latino community-based organizations, hospitals, HMOs, academic institutions, and Latino researchers to analyze information from existing health data sources to further identify the most serious health issues facing the community.

Action Steps:

- Convene a symposium with leading health service investigators and the Center for Health Statistics researchers to exchange ideas and analyze health information available on Latinos.
- Provide increased financial support to research universities, Hispanic community based organizations and researchers interested in Latino health issues

Responsible Parties:

- Universities
- New Jersey Department of Health and Senior Services
- Federal Government



RECOMMENDATION

All race/ethnicity individual identifiers related to health and health outcomes should be protected from the US Immigration and Naturalization Service.

Action Steps:

- Develop appropriate policies and train data collecting staff in methods to reassure undocumented Latinos that their information will remain confidential.
- INS should issue a policy that would clarify what can and cannot be disclosed according to current federal and state law.

Responsible Parties:

- Federal government (INS)
- New Jersey Department of Health and Senior Services



RECOMMENDATION

The Office of Minority Health should take the lead in the dissemination of health data relating to racial and ethnic minorities.

Action Steps:

- OMH should have specific funding to collect, organize and analyze this information and make aggregated data available through user friendly sources, including the Internet.
- OMH should hire a data analyst who would collaborate with the Center for Health Statistics.

Responsible Party:

- New Jersey Department of Health and Senior Services



RECOMMENDATION

The Latino Health Advisory Committee should continue to provide oversight on data collection and utilization at the state level.

Action Step:

- The Latino Health Advisory Committee should be specifically charged with providing direction and oversight to new and ongoing data reform initiatives in the NJDHSS.

Responsible Parties:

- New Jersey Department of Health and Senior Services
- Latino Health Advisory Committee

WHAT WE NEED TO DO: INCREASE ACCESS TO HEALTH CARE

The widely accepted humanitarian principle that health care is a right for all implies an increased focus on how and why access to health care is a problem for many minorities in the US and in New Jersey. An integrated primary care delivery system that provides a safety net for Latinos and other minority groups is a goal that New Jersey has yet to reach. An estimated 48 million people in our country lack access to quality health care, with as many as 3 million in New Jersey lacking any health insurance. While it is clear that factors such as poverty, geography and lack of education opportunities contribute to the inability of many minority families and individuals to receive adequate health care when needed, it is also clear that Latinos are disproportionately affected by structural barriers encountered within the health care system, such as the lack of language-appropriate services.

Based on the premise that healthy individuals make healthy communities, community-based organizations, federally qualified health centers, and the NJDHSS are working together to galvanize and empower communities throughout New Jersey to achieve the goal of “100% access and 0% health disparities.” While initiatives such as KidCare and the newly proposed Family Care are expected to have an impact on minority access, more and expanded initiatives are needed.

RECOMMENDATION:

Require comprehensive language and cultural competency training throughout the health care system in New Jersey.

Action Steps:

- Adopt the standards developed by the federal Office of Minority Health on cultural competency and mandate their implementation by every health care provider licensed in New Jersey.
- Convene cultural and linguistic competency workshops in collaboration with health profession schools, colleges and universities that would provide training to providers.
- Provide funding to health professional schools to develop cross-cultural curricula in each school.

Responsible Party:

- New Jersey Department of Health and Senior Services

RECOMMENDATION

Address factors which limit access to Federally Qualified Health Centers and other health care providers who focus on delivering primary care to Latino and other minority populations.

Action Steps:

- Address barriers such as transportation and hours of service by creating early morning, evening and weekend hours and developing alternative means of transportation such as vans, jitneys, taxi vouchers, etc.
- Increase funding to primary care providers who demonstrate aggressive efforts to eliminate health disparities by improving access to services.

Responsible Parties:

- New Jersey State Legislature
- New Jersey Department of Health and Senior Services
- New Jersey Department of Transportation
- US Department of Health and Human Services



RECOMMENDATION

Enhance community based outreach efforts in health education and preventive health care.

Action Steps:

- Increase use of Latino media and community health workers (“promoters”) in outreach and community health education efforts.
- Promote partnerships with Latino community based organizations to develop more effective outreach campaigns for programs such as KidCare and Family Care.

Responsible Parties:

- New Jersey Department of Health and Senior Services
- Health care providers
- Community Based Organizations



RECOMMENDATION

Increase the availability and accessibility of services in behavioral health and substance abuse to Latinos.

Action Steps:

- Increase the number of substance abuse treatment programs that are culturally and linguistically competent to treat Latinos.
- Develop a media awareness campaign for the Latino community to highlight substance abuse treatment effectiveness and dispel the myths surrounding drug abuse and treatment.
- Develop and implement community partnerships with Latino based community organizations to address the need and plan for substance abuse prevention in the Latino community.

Responsible Parties:

- New Jersey Department of Health and Senior Services
- New Jersey Department of Human Services



RECOMMENDATION

Assure that all health care services are accessible to Latinos who are disabled in compliance with the Americans with Disabilities Act, 1973 Rehab Act.

Action Steps:

- Increase knowledge of barriers faced by Latinos with disabilities in receipt of health care services and develop strategies to eliminate those barriers.
- Promote closer working relationships between the Office of Minority Health and State Office on Disability Services.
- Provide funding to health professionals to make their facilities barrier free.
- Assure that all departmental materials are offered in alternate format.

Responsible Parties:

- New Jersey Department of Health and Senior Services
- New Jersey Department of Human Services



RECOMMENDATION

To continue the momentum toward eliminating health disparities and improving access in the Latino community, the Latino Health Advisory Committee should become a standing committee of the NJ Department of Health and Senior Services.

Action Steps:

- Enact an executive order for the Latino Health Advisory Committee to become a standing committee in the Department of Health and Senior Services.
- Provide the necessary funding to implement the recommendations of the Latino health summit.
- Hire additional Latino professional staff in the Office of Minority Health.
- Hire additional Latino professional staff throughout the NJDHHS.

Responsible Parties:

- New Jersey Department of Health and Senior Services
- Governor of New Jersey
- N.J. Legislature



RECOMMENDATION

Assure that all health care providers have a thorough knowledge of the rights and entitlements of legal and undocumented immigrants as they pertain to health care.

Action Steps:

- Working with legal advocates for immigrants, develop a brochure which details the health care rights of non-citizens and distribute copies to all health care institutions, agencies, organizations and practitioners in New Jersey.
- Require the staff of all licensed health care facilities serving communities where 10% or more of the population are immigrants to attend an annual training session explaining the rights of immigrants regarding access to health care services in New Jersey.

Responsible Parties:

- New Jersey Department of Health and Senior Services
- Health care providers

WHAT WE NEED TO DO: INCREASE LATINO REPRESENTATION IN THE HEALTH PROFESSIONS

It is now widely accepted that one of the best long term solutions to the problem of the disparate health status of Latinos and African Americans is to increase the number of Latinos and African Americans available to provide health care services to these communities. This is not to say that only a Puerto Rican surgeon can perform open heart surgery on a Puerto Rican patient, or that it takes a Colombian dentist to fill the cavity of a Colombian child-it is simply to accept human nature. While understanding that effective communication between provider and patient forms the undeniable foundation of effective service delivery and improved health outcomes, we know from the literature and from our own experiences that communication is enhanced when the parties feel comfortable with each other. We also know that people feel more comfortable with other people who are like them. This is human nature; cross-cultural encounters produce stress among all the parties. Finally, we know that while Latinos may not always look different, our language and culture indeed set us apart from the non-Latino population.

Learning Spanish and understanding the values and attitudes of Latinos can greatly aid non-Latino health care providers in being more effective caregivers. Improving the cultural competencies of health care workers is an important step in addressing disparities. Ultimately, however, the answer lies in the Latino community's ability, in partnership with the education system, to develop more Latino health care professionals.



RECOMMENDATION

Through partnerships with Latino health professional organizations, the State should take steps to eliminate barriers faced by foreign trained Latino health professionals in understanding the process to gaining licensure and certification in their fields.

Action Steps:

- Offer educational workshops and printed materials which clearly explain the licensing/certification processes and requirements for all foreign licensed or certified health professions.
- Assist health care professionals from other countries in preparing for licensing in New Jersey.
- Require race and ethnicity data be included in the demographic sub-section of Licensing and Certification applications for all health professions.
- Establish a clearinghouse for information on professional licensure for health professionals
- Fund new medical residencies targeted to foreign trained Latino physicians seeking licensure in New Jersey.
- Establish a formal training program with incentives and scholarships that encourage Latinos to gain licensure and certification in the substance abuse treatment field.

Responsible Parties:

- New Jersey Department of Health and Senior Services
- New Jersey Department of Law and Public Safety

**RECOMMENDATION**

In order to further expand existing resources to the Latino community and to others for whom language differences, poverty and poor education present real barriers to health care, new roles must be developed and recognized in the health care workforce which emphasize a strong orientation to the community.

Action Step:

- Establish a formal program for training and certifying health care interpreters (based on the judiciary program for legal interpreters). Include a program for providing English language skills to NJ health care professionals from other countries.

Responsible Parties:

- New Jersey Department of Health and Senior Services
- New Jersey Department of Human Services
- New Jersey Department of Insurance

Action Step

- Mandate the use of certified professional health interpreters when requested by either the provider or the patient.

Responsible Party:

- New Jersey Department of Health and Senior Services

Action Step:

- Establish a formal program for training and certifying community health workers (i.e., promoters), and mandate competitive reimbursement for their services by government and private health insurers.

Responsible Parties:

- New Jersey Department of Health and Senior Services
- New Jersey Department of Human Services
- New Jersey Department of Insurance
- Colleges and Universities



RECOMMENDATION

Health career development should be institutionalized in State government.

Action Step:

- Establish a clearinghouse for information on available health professions programs for Latinos in New Jersey at the K-12, college and graduate levels. This would include public and privately sponsored/operated programs as well as community based or institutionally based programs.

Responsible Parties:

- New Jersey Department of Health and Senior Services
- New Jersey Department of Education
- New Jersey Commission on Higher Education
- University of Medicine and Dentistry of NJ/Hispanic Center of Excellence

Action Step:

- Assure that information on health professions programs is widely disseminated in the Latino community through the use of electronic and print media, community organizations and events. Parents, faith based organizations, local school boards and non-public schools should be targeted.

Responsible Party:

- Clearinghouse (to be established, see above)

Action Step:

- Health professions training programs and health career programs must be accountable for their Latino outreach and enrollment efforts through detailed reporting and monitoring by the State.

Responsible Party:

- Clearinghouse (to be established, see above)

RECOMMENDATION

Encourage health care institutions and organizations throughout the state to value mentorship and to financially underwrite mentor time.

Action Step:

- Establish a Governor's award program to recognize corporations, organizations and individuals who provide outstanding mentorship opportunities in health related fields for Latino and other minority youth. To qualify, mentors must have their time dedicated to mentoring financially underwritten by their employer.

Responsible Parties:

- New Jersey Department of Health and Senior Services
- Office of the Governor

**RECOMMENDATION**

Increase the number of Latino advisors and career counselors at the college and pre college levels, and increase the number of Latino faculty in health professions' schools/programs.

Action Step:

- Permit local school districts and State colleges and universities to use the bilingual variant to specify that certain faculty and staff positions require special bilingual skills. Also recognize that bilingualism is a unique qualification whose limited availability in the professional workforce merits a salary differential.

Responsible Parties:

- New Jersey Department of Health and Senior Services
- New Jersey Department of Education
- New Jersey Department of Personnel
- New Jersey Commission on Higher Education

Action Step:

- Increase funding for the Minority Academic Careers program of the Commission on Higher Education to allow for full redemption of student loans of Latino and other minorities who join the faculty of a NJ college or university in a department related to health care.

Responsible Parties:

- New Jersey Department of Health and Senior Services
- New Jersey Commission on Higher Education

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